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**** CONTINUING DATA ******* ~~---NONE---~~ HBP

**** FOREIGN APPLICATIONS ******* ~~---NONE---~~ HBP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged H.B. Patel HBP
 Examiner's Signature Initials

ADDRESS
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TITLE
 Cache with selective least frequently used or most frequently used cache line replacement

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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